

<b>Case Number:</b>	CM14-0182459		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60-year-old female claimant who sustained a work injury on January 18, 2013 involving the low back and shoulder. She was diagnosed with lumbar degenerative disc disease of the left rupture of the rotator cuff. She had undergone lumbar facet joint injections. She had undergone left shoulder surgery on May 22, 2014. A progress note on October 7, 2014 indicated that claimant had persistent low back pain. Examination findings were notable for tenderness in the paraspinal region of the thoracic spine. A request was made for 12 sessions of massage therapy for her thoracic spine pain.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**12 sessions of massage therapy for the thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

**Decision rationale:** According to the guidelines, Massage Therapy is recommended as an option. The treatment should be adjunctive to exercise and should be limited to 6 visits. Massage therapy may be beneficial in reducing musculoskeletal symptoms but it is only limited during the

treatment. There is lack of long-term benefits from massage therapy. The request for 12 visits of Massage Therapy above is not medically necessary.